

<b>Case Number:</b>	CM14-0039572		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39-year-old male who was reportedly injured on November 13, 2013. The mechanism of injury was noted as the onset of low back pain during regular work. The most recent progress note dated March 10, 2014, indicated that there were ongoing complaints of low back pain. Current medications were stated to include Flexeril, hydrocodone and ibuprofen. The physical examination demonstrated tightness of the lumbar paraspinal muscles with spasms and tenderness over the lower lumbar sacral facet joints. There was a normal lower extremity neurological examination. Diagnostic imaging studies reported a Grade I degenerative spondylolisthesis at L4-L5 with a broad-based disc protrusion. There were also disc degeneration and a diffuse annular bulge at L4-L5. Previous treatment included oral medications and chiropractic treatment. A request was made for bilateral L4-L5 facet joint injections and was not certified in the pre-authorization process on March 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Bilateral L4-L5 Facet Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s) : 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet Joint Injections, updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the criteria for diagnostic facet joint injections includes documentation of failure to improve with conservative treatment to include home exercise, physical therapy and non-steroidal anti-inflammatory drugs. While the note dated March 10, 2014, stated that the injured employee has previously had chiropractic care and oral medications, there was no documentation of participation in physical therapy, for continued rehabilitation, in a home exercise program. For these reasons, this request for bilateral L4-L5 facet joint injections is not medically necessary.